

How to Change Your Patient 1st PERSONAL DOCTOR



Remember: If you send this form in, you do not need to call Medicaid! Send your changes in right away. If you change doctors by the 20th day of the month, you can start going to that doctor on the first day of the next month.

What you need to do:

- 1) Fill in all of the blanks on this form. Be sure to write neatly!
- 2) Be sure to answer all the questions on this form. If we do not have all of the information, we cannot change your doctor.
- 3) Mail it to Patient 1st, Alabama Medicaid Agency 501 Dexter Avenue, Montgomery, AL 36177-9047.
- 4) Or, you can FAX this form to (334) 353-5556.
- 5) Or, you can e-mail the form from the agency website at www.medicaid.state.al.us

Dear Medicaid:

Today's date _____

I want to change personal doctors for (Name) _____

The Medicaid number of this person is: _____

The birthday of this person is: _____ (Month) _____ (Day) _____ (Year)

The doctor I want to change to is: _____

Clinic Name/First Name

Last Name

If that doctor does not have a space, my second choice would be : _____

Clinic Name/First Name

Last Name

(IMPORTANT: The doctor you pick MUST be on the Patient 1st doctor list)

I want to change doctors because:

- ☐ I am not happy about the doctor I was assigned to.
- ☐ I do not like the way my doctor treated me.
- ☐ It is too hard to get an appointment with my doctor.
- ☐ The doctor is not convenient to my home.
- ☐ I have always seen another doctor.
- ☐ Other _____

(All information is kept private by Medicaid)

My name: _____

Address _____

City _____ Zip _____ Phone Number (_____) _____

Area Code

If this is not for yourself, what is your relationship to the person changing doctors?

**If you have questions or do not know what to do,
call Medicaid toll-free at 1-800-362-1504.**